

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

24308

State File No. _____

FILED JUL 18 1956

BIRTH NO. _____		REG. DIST. NO. <u>176</u>		PRIMARY REG. DIST. NO. <u>4278</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>			
b. CITY OR TOWN <u>Miller Lincoln</u>		c. LENGTH OF STAY (in this place) <u>Native</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Miller Lincoln</u>		d. STREET ADDRESS (If rural, give location) <u>0550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u>		b. (Middle) <u>Parmelia</u>		c. (Last) <u>Burton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-11-1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>10-8-1870</u>	
9. AGE (In years last birthday) <u>85</u>		10. MONTH <u>9</u>		11. DAY <u>3</u>		12. IF UNDER 1 YEAR Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house mother</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) <u>Lawrence Co.</u>				12. CITIZEN OF WHAT COUNTRY? <u>Native</u>			
13a. FATHER'S NAME <u>Joseph Irby</u>		13b. MOTHER'S MAIDEN NAME <u>Delphia Bailey</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Maude Garner</u> ADDRESS <u>Miller Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia, decompensation</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>July 11, 1956</u> to <u>July 14, 1956</u> that I last saw the deceased alive on <u>July 11, 1956</u> , and that death occurred at <u>5:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. J. Trimmer</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Mo Vernon, Mo</u>		23c. DATE SIGNED <u>7/12/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>7-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shiloh</u>		24d. LOCATION (City, town, or county) (State) <u>N.E. of Miller Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-14-56</u>		REGISTRAR'S SIGNATURE <u>W. S. Buehrey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Monroe Leiman</u> ADDRESS <u>Miller Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed

E. R. Leiman

Licensed Embalmer No. 3297

P. O. Address Miller Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.